

**NOTICE OF CONTRACTING OPPORTUNITY
APPLICATION FOR
NAVY CONTRACT POSITION
THIS IS NOT A CIVIL SERVICE POSITION
FH-06-04 7 DECEMBER 2003**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 29 DECEMBER 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 02-22F
1681 NELSON STREET
FORT DETRICK, MD 21702-9203
E-mail: acquisitions@nmlc.med.navy.mil.
Telephone: 301-619-2138

A. NOTICE. This position is set aside for an individual Pediatric Gastroenterologist only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS: PEDIATRIC GASTROENTEROLOGIST (PART-TIME). The Government is seeking to place under contract an individual who holds a Doctor of Medicine degree from an accredited college approved by the Council on Medical Education and Hospitals of the American Medical Association, or Doctor of Osteopathy Degree from a college accredited by the American Osteopathic Association or permanent certification by the Educational Commission for Foreign Medical Graduates (ECMG), is board certified by the American Board of Pediatrics, and has a certificate of special qualifications in Pediatric Gastroenterology. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award (Sections D. and E.).

Services shall be provided in the assigned clinical areas of the Naval Medical Center, Portsmouth, VA.

You shall be on duty in the assigned clinical areas located at Naval Medical Center, Portsmouth and Branch Medical Clinics, for no more than 40 hours each 2-week period. The health care worker shall normally provide services for no more than 5 days each 2-week period between the hours of 0700 and 1630 (includes an uncompensated 1 hour for lunch) Monday through Friday throughout the term of the contract. Specific hours will be scheduled by the Commander. The health care worker shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties, except shifts subsequent to the watch standing requirement specified in the paragraph below.

You shall be scheduled in the outpatient clinic for minimum of 6 patients during each half-day shift. You shall also perform all indicated procedures for which you are privileged and consultations, for inpatients or outpatients, in addition to outpatient services.

Unscheduled services may be required at any time during the day or night, including weekends and holidays, and are to be provided on a watch standing basis. Watch standing will be required with the exception of the time you are on personal leave. Watch standing includes being available for consultation via telephone, or your physical presence with the patient.

You shall be available via a command-provided pager within 30 minutes of travel time of the MTF. You shall return phone calls to the MTF within 10 minutes of being paged. If medically necessary, the health care worker shall arrive at the MTF within 30 minutes of being paged. You shall remain at the MTF through completion of required services. Estimated occurrences of returning to the MTF while on-call is approximately 3 times per month.

You shall accrue four hours of personnel leave at the end of every 2-week period worked. Unless required via watch standing, services of the physician shall not be required on the following federally established paid holidays, except when standing watch: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The health

care worker will be compensated by the Government for these periods of planned absences. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of "Commander" means: Commander, Naval Medical Center, Portsmouth, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **GENERAL DUTIES AND RESPONSIBILITIES.** Services provided under this contract shall be performed in accordance with all State, County, Department of Defense, Navy, Naval Medical Center, and Clinic guidelines and reporting requirements. The health care worker shall perform a range of pediatric gastroenterology services within the scope of your medical licensure and the clinical privileges approved by the Commanding Officer. These services will be provided on site, using Government furnished facilities, equipment and supplies.

ADMINISTRATIVE AND TRAINING REQUIREMENTS. The health care worker shall:

Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, medical students, and resident physicians) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.

Perform necessary administrative duties that include maintaining statistical records of clinical workload, participating in education programs, and participating in clinical staff quality assurance functions as prescribed by the Commanding Officer.

Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

Attend annual renewal of the following Annual Training Requirements: Customer Relations, Disaster Training, Sexual Harassment, and other courses as directed.

Operate and manipulate automated systems such as Composite Health Care System (CHCS), Ambulatory Data System (ADS) and participate in clinical staff Performance Improvement (PI) and Risk (RM) functions, as prescribed by the Commanding Officer.

Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers. This training and certification will be provided by the Navy.

CLINICAL DUTIES. Actual clinical activity will be a function of the Commander's credentials and privileging process and the overall demand for pediatric gastroenterology services. The health care worker shall perform a range of pediatric gastroenterology services within the scope of this statement of work, on site, using Government furnished facilities, equipment and supplies. Workload includes scheduled and unscheduled requirements for services. The health care worker is responsible for the delivery of comprehensive pediatric gastroenterology services within the facility and for the quality and timeliness of records, reports and documentation of services

provided. Clinical productivity is expected to be comparable to that of other Pediatricians that are authorized the same scope of practice and assigned to the same type of a facility. The physician shall:

Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices which may be in effect during the term of the contract.

Provide a full range of pediatric gastroenterology medicine services (e.g., supervise and provide screening and medical care and examinations of pediatric patients for routine, acute and chronic conditions involving the GI system; manifestations and management of diseases of the mouth, esophagus, stomach, duodenum, intestines, liver, and miscellaneous diseases affecting the GI tract; and disorders of the bile ducts, gallbladder and pancreas.

Supervise, perform, or assist in the instruction of other health care professionals seeing children (e.g., Pediatric Advanced Life Support (PALS); diagnostic procedures; and minor surgical procedures such as incisions and drainage of abscesses, suture simple lacerations; etc.).

Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

Supervise and teach other medical staff (to include medical students and resident physicians) and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.

Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

Participate in peer review and performance improvement activities.

Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

Complete continuing education to meet own professional growth and specialty standards.

Participate in scheduled meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist.

Participate in the implementation of the Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation, and reporting.

Perform necessary administrative duties which include maintaining statistical records of workload, operate and manipulate automated systems such as Composite Health Care System (CHCS).

Participate in clinical staff quality assurance functions and clinic Performance Improvement/Risk Management Programs as prescribed by the Commander.

CREDENTIALS AND PRIVILEGING. Upon award, an Individual Credentials File (ICF) shall be completed prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C (or current version) detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at:
<http://www.nmlc.med.navy.mil/Code02/contractorinfo.htm>.

D. MINIMUM PERSONNEL QUALIFICATIONS.

1. Hold a Doctor of Medicine degree from an accredited college approved by the Council on Medical Education and Hospitals of the American Medical Association, or Doctor of Osteopathy Degree from a college accredited by the American Osteopathic Association or permanent certification by the Educational Commission for Foreign Medical Graduates (ECMG).
2. Graduated from a residency training program in Pediatrics approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority, no earlier than 2 years prior to proposal submission.
3. Board Certified in Pediatrics as determined by the American Board of Pediatrics.
4. Have a certificate of special qualifications in Pediatric Gastroenterology as determined by the American Board of Pediatrics.
5. Have and maintain a valid, unrestricted state license in any one of the fifty, states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.
6. Have a current Drug Enforcement Agency (DEA) registration number (certificate) to prescribe controlled substances in accordance with the laws of the Commonwealth of Virginia.
7. Possess a minimum of two-years experience as a Pediatric Gastroenterologist within the preceding three years.
8. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (cardio-pulmonary resuscitation) for the Professional Rescuer; or equivalent.
9. Obtain Pediatric Advanced Life Support (PALS) certification prior to providing services.
10. Provide two letters of recommendation written within the last two years attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
11. Possess U.S. employment eligibility per Attachment 003. No alien shall be allowed to perform under this contract in violation of the Immigration Laws of the United States.
12. Represent an acceptable malpractice risk to the Navy.

E. **FACTORS TO BE USED IN A CONTRACT AWARD DECISION.** If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Experience, both quantity and quality as it relates to the duties contained herein, then,
2. Additional Certifications relevant to the duties contained herein, and
3. CME credits.

F. **INSTRUCTIONS FOR COMPLETING THE APPLICATION.** To be qualified for this contract position, you must submit the following:

1. _____ A completed "Personal Qualifications Sheet – Pediatric Gastroenterologist" (Attachment 1).
2. _____ A completed Pricing Sheet (Attachment 2).
3. _____ Proof of employment eligibility (Attachment 3).

4. _____ Two or more letters of recommendation per paragraph D.9., above. (If applicable)
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. _____ Small Business Representation (Attachment 5)

*Please answer every question on the "Personal Qualifications Sheet – Pediatrician". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www.nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998, all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment X to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

If you have any questions, please call (301) 619-2138, or e-mail to acquisitions@nmlc.med.navy.mil, with "Code 22f" in the subject line. We look forward to receiving your application.

ATTACHMENT 001

PERSONAL QUALIFICATIONS SHEET – PEDIATRIC GASTROENTEROLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. **In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item XI. of the Personal Qualifications Sheet.**
3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.
5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

**PERSONAL QUALIFICATIONS SHEET –
PEDIATRIC GASTROENTEROLOGIST**

I. General Information

Name: _____ SSN: _____
 Last First Middle

Address: _____

Phone: (____) _____

II. Medical School (Section D, Item 1)

Name & Location of Accredited School	Dates of Training (from)	(to)
_____	_____	_____

III. Residency (Section D, Item 2)

Name & Location of Medical School	Dates of Training (from)	(to)
_____	_____	_____

IV. Board Certification (Section D, Item 3)

_____ (mm/dd/yy) Date of Board Certification

V. Certificate of Special Qualifications (Section D, Item 4)

_____ (mm/dd/yy) Date of Board Certification

VI. Professional Licensure (License must be current, valid, and unrestricted) (Section D, Item 5)

_____ (State)	Date of Expiration: _____ (mm/dd/yy)
_____ (State)	Date of Expiration: _____ (mm/dd/yy)
_____ (State)	Date of Expiration: _____ (mm/dd/yy)

VII. Drug Enforcement Agency (DEA) (Section D, Item 6)

_____ DEA Number Date of Expiration: _____ (mm/dd/yy)

VIII. Professional Employment: List your current and preceding employers. Experience as a Pediatric Gastroenterologist of at least 2 years, post residency, within the preceding 36 months. Provide dates as month/year. (Section D, Item 7):

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
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(1) _____		

Work Performed:**Names and Addresses of Preceding Employers**

	<u>From</u>	<u>To</u>
(2) _____		

Work Performed:

	<u>From</u>	<u>To</u>
(3) _____		

Are you are currently employed on a Navy contract? If so, where is your current contract and what is the position?

- IX. Basic Life Support Level C (Section D, Item 8):** Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

- X. Pediatric Advanced Life Support -PALS (Section D, Item 9):** Certification in Pediatric Advanced Life

Training Type listed on Card:

Expiration Date: _____(mm/dd/yy)

- XI. Professional References (Section D, Item 10):**

Provide two letters of recommendation.

- XII. Employment Eligibility (Section D, Item 11):**

Yes No

Do you meet the requirements for U.S. Employment
Eligibility contained in Section V?

- XIII. Approved Continuing Education (Factor for Award):**

<u>Title Of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>

- XIV. Additional Medical Certifications or Licensure (Factor for Award)**

Type of Certification or License and Date of Certification or Expiration

- XV. I hereby certify the above information to be true and accurate:**

_____	_____ (mm/dd/yy)
(Signature)	(Date)

ATTACHMENT 002

**PRICING SHEET
PERIOD OF PERFORMANCE**

Services are required from 1 April 2004 through 30 September 2004. Four option periods will be included which will extend services through 31 March 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION:

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Pediatric Gastroenterologists in the Portsmouth, VA area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, **you will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

- (b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform on behalf of the Government, the duties of a Pediatric Gastroenterologist at the Naval Medical Center, Portsmouth, VA in accordance with this application and the resulting contract.				
0001AA	Base Period; 1 Apr 04 thru 30 Sep 04	696	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	1044	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	1040	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	1040	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	1048	Hour	_____	_____
0001AE	Option Period V; 1 Oct 08 thru 31 Mar 09	520	Hour	_____	_____
TOTAL CONTRACT					_____

Printed Name _____

Signature _____ Date _____

ATTACHMENT 003

**LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A****LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C:**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS 1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

ATTACHMENT 004

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 22F
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

E-Mail Address: _____

ATTACHMENT 005

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

NOTE: This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).